

MAR - 4 2016 SAC

116-711719



State of California

Secretary of State

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STATEMENT OF INFORMATION

(Limited Liability Company)

83

Filing Fee \$20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Secretary of State
State of California

APR 25 2016

1. LIMITED LIABILITY COMPANY NAME

Happy Mutants, LLC

This Space For Filing Use Only

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER

200621310157

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)

Delaware

No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no Statement of Information has been previously filed, this form must be completed in its entirety.

☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

5. STREET ADDRESS OF PRINCIPAL OFFICE

800 Lovell Avenue

CITY

Mill Valley

STATE

CA

ZIP CODE

94941

6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5

775 E Blithedale Ave #116

CITY

Mill Valley

STATE

CA

ZIP CODE

94941

7. STREET ADDRESS OF CALIFORNIA OFFICE

800 Lovell Avenue

CITY

Mill Valley

STATE

CA

ZIP CODE

94941

Name and Complete Address of the Chief Executive Officer, If Any

8. NAME

David Pescovitz

ADDRESS

800 Lovell Avenue

CITY

Mill Valley

STATE

CA

ZIP CODE

94941

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

9. NAME

David Pescovitz

ADDRESS

800 Lovell Avenue

CITY

Mill Valley

STATE

CA

ZIP CODE

94941

10. NAME

ADDRESS

CITY

STATE

ZIP CODE

11. NAME

ADDRESS

CITY

STATE

ZIP CODE

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS

Incorporating Services, LTD, 720-14th St, Sacramento CA 95814

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

(C2892002) CA

STATE

ZIP CODE

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

Internet publisher

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

12/28/15

DATE

David Pescovitz

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

Managing member

TITLE

SIGNATURE